

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 23, 2016.



Anthony Giardina
Executive Deputy Secretary of State

20160622117



**Division of Corporations,
State Records and
Uniform Commercial Code**

New York State
Department of State
Division of Corporations,
State Records and
Uniform Commercial Code
One Commerce Plaza
99 Washington Avenue
Albany, NY 12231
www.dos.ny.gov

Certificate of Assumed Name

(Pursuant to General Business Law §130)

1. REAL NAME OF ENTITY:

EPOCH GROUP INC.

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. THE ENTITY WAS FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

Business Corporation Law Limited Liability Company Law Religious Corporations Law
 Education Law Not-for-Profit Corporation Law Revised Limited Partnership Act
 Other (specify law): _____

3. ASSUMED NAME OF ENTITY:

Epoch Media Group

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF- STATE ADDRESS:

229 W 28th St., FL 6, New York, NY 10001

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:

ALL COUNTIES (or check applicable county(ies) below)

<input type="checkbox"/> Albany	<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Chenango	<input type="checkbox"/> Delaware	<input type="checkbox"/> Franklin	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Lewis	<input type="checkbox"/> Montgomery
<input type="checkbox"/> Allegany	<input type="checkbox"/> Cayuga	<input type="checkbox"/> Clinton	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Fulton	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Livingston	<input type="checkbox"/> Nassau
<input type="checkbox"/> Bronx	<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Columbia	<input type="checkbox"/> Erie	<input type="checkbox"/> Genesee	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Madison	<input checked="" type="checkbox"/> New York
<input type="checkbox"/> Broome	<input type="checkbox"/> Chemung	<input type="checkbox"/> Cortland	<input type="checkbox"/> Essex	<input type="checkbox"/> Greene	<input type="checkbox"/> Kings	<input type="checkbox"/> Monroe	<input type="checkbox"/> Niagara
<input type="checkbox"/> Oneida	<input type="checkbox"/> Orleans	<input type="checkbox"/> Queens	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Sullivan	<input type="checkbox"/> Warren	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Onondaga	<input type="checkbox"/> Oswego	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Seneca	<input type="checkbox"/> Tioga	<input type="checkbox"/> Washington	<input type="checkbox"/> Yates
<input type="checkbox"/> Ontario	<input type="checkbox"/> Otsego	<input type="checkbox"/> Richmond	<input type="checkbox"/> Schenectady	<input type="checkbox"/> Steuben	<input type="checkbox"/> Tompkins	<input type="checkbox"/> Wayne	
<input type="checkbox"/> Orange	<input type="checkbox"/> Putnam	<input type="checkbox"/> Rockland	<input type="checkbox"/> Schoharie	<input type="checkbox"/> Suffolk	<input type="checkbox"/> Ulster	<input type="checkbox"/> Westchester	

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. (Use page 2 if needed. The address(es) must be a number and street, city, state and zip code. The address(es) must be within the county(ies) indicated in paragraph 5.) If none, check this box : No New York State Business Location.

229 W 28th St., FL 6, New York, NY 10001

Print or Type Bill Guan
Name of Signer: _____

Signature:

Capacity of Signer (Check one): Authorized Person Officer of the Corporation General Partner of the Limited Partnership
 Member of the Limited Liability Company Manager of the Limited Liability Company

20160622117

Certificate of Assumed Name

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

FILER: Name: Bill Guan
Mailing Address: 229 W 28th St., FL 6
State and Zip Code: New York, NY 10001

NOTE: You are not required to use this form. This certificate should be prepared under the guidance of an attorney.

FEE: Limited Liability Companies and Limited Partnerships - \$25.

Corporations - \$25 plus the fee for each county indicated in paragraph 5. The additional fee for each county within New York City (Bronx, Kings, New York, Queens and Richmond) is \$100 additional. The fee for each county outside New York City is \$25. Checks over \$500 must be certified.

(For office use only)

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